Full Test Plan for 5.1 Pharmacy Claims Submission

Test Case Scenarios

	Transaction Header Segment	
Test Case	**Description of test case**	**Expected result**
1.	Verify Value 05 (Medicaid) Is Accepted In The Service Provider ID Qualifier Field.	Value 05 Should Be Accepted
2.	Verify That Any Value Other Than 05 (Medicaid) Will **Not** Be Accepted In The Service Provider ID Qualifier Field.	Reject Code B2 Should Set with Error Message "M/I Service Provider ID Qualifier"
	Insurance Segment	
Test case	**Description of test case**	**Expected result**
3.	Verify That Claim Will Reject If The Cardholder Identification Number Is Missing.	Reject Code 07 Should Set with Error Message "M/I Cardholder ID Number"
4.	Verify That Claim Will Reject If Cardholder First Name is Not Valid With Cardholder ID	Reject Code 52 Should Set with Error Message: "Non-Matched Cardholder ID" and ESC 009 with MMIS Description: "Recipient Name Missing/Invalid/With Recipients Number"
	Claim Segment	
Test case	**Description of test case**	**Expected result**
5.	Verify That Claim Will Reject If The Product/Service ID Is Invalid (Not on File) *Use NDC 54687 2598 72*	Reject Code 21 Should Set with Error Message: "M/I Product/Service ID" and ESC 068 with MMIS Description: "NDC Missing/Not on File"
	Prescriber Segment	
Test case	**Description of test case**	**Expected result**
6.	Verify That The Claim Will Reject If The Prescriber ID Qualifier Field Is Blank	Reject Code EZ Should Set With Error Message: "M/I Prescriber ID Qualifier Field"
	Pricing Segment	
Test case	**Description of test case**	**Expected result**
7.	Verify That Claim Will Reject If The Usual And Customary Charge Field Is Blank	Reject Code DQ Should Set with Error Message: "M/I Usual And Customary Charge"
8.	Verify That The Claim Will Reject If The Gross Amount Due Field Blank	Reject Code DU Should Set with Error Message: "M/I Gross Amount Due"

✻	**Prior Authorization Segment**	*At this time, it is not mandatory to send this segment or the corresponding test cases below. EDS is only providing them as a means of testing for those currently having the ability to submit the segment.*
Test case	**Description of test case**	**Expected result**
9.	Verify That The Segment Identification Field Will Allow Value 12 (Prior Authorization)	Value 12 Should Be Accepted
10.	Verify That A Value Other Than 1, 2, or 3 Will Not Be Accepted In The Request Type Field	Reject Code 3A Should Set with Error Message: "M/I Request Type"
11.	Submit a claim for an NDC with a Therapeutic Class Code H2V, which requires a PA for recipients age 21 or older and there is no PA on file. *Use NDC 00083 0007 30*	Claim should set Prior Authorization edit
12.	Submit a claim for an NDC with a Therapeutic Class Code F2A, which requires a PA for recipients age 21 or older and there is an active PA on file for DOS. *Use NDC 00009 3701 01*	Claim should not set Prior Authorization edit
✻	**Compound Pricing**	*At this time, it is not mandatory to send this segment or the corresponding test cases below. EDS is only providing them as a means of testing for those currently having the ability to submit the segment.*
Test case	**Description of test case**	**Expected result**
13.	Submit a compound drug claim which contains 3 ingredients: • The first two NDC's being: *00168 0011 31 & 00085 0567 01* • The third NDC being: *00781 1701 01*	POS will reject the non-covered NDC and will pay Medicaid Allowed Amount from the remaining two.
14.	Submit a compound drug claim which contains three covered ingredients	Claim will pay calculated allowed amount.
	Regular Drug Pricing	
Test case	**Description of test case**	**Expected result**
15.	Submit a claim for NDC *00003 0537 50*	Claim will pay calculated allowed amount.
16.	Submit a claim for NDC *00074 7139 09* where quantity dispensed = 1000 and UCR > $0.00 but < $2.00	Claim will pay $2.00

Test case	Pharmacy Partial Unit (Decimals) Pricing	
Test case	**Description of test case**	**Expected result**
17.	Submit a claim for NDC *00145 2374 06* with quantity 42.50	The POS Pharmacy claim allowed amount will be calculated by multiplying the number of units billed (42.50) by the calculated allowed amount for the NDC

	TPL (RIteShare)	
Test case	**Description of test case**	**Expected result**
18.	Submit a claim for a recipient, enrolled in RIteShare, with a value > $0.00 in field 431, an Other Coverage Code of 2 in field 308, and value of $10.00 in field 433.	Claim will process and pay RIte Share Co-pay.
19.	Submit a claim for a recipient, enrolled in RIteShare, with a value of $10.00 in field 433, a value of 0 in field 308 and field 431 left blank	Claim will process and pay RIte Share Co-pay
20.	Submit a claim for a recipient, enrolled in RIteShare, with no amount in field 433, a value > $0.00 in field 431, and an Other Coverage Code of 2 in field 308	Claim will reject with error message to bill Co-pay Amount For RIteShare recipient

	TPL	
Test case	**Description of test case**	**Expected result**
21.	Submit a claim for a recipient with other insurance, a value of 0 in field 308 and fields 433 and 431 left blank.	Claim will reject with error message to bill other processor or primary payer
22.	Submit a claim for a recipient with other insurance, with no amount in field 433, a value > $0.00 in field 431, an Other Coverage Code of 2 in field 308	Claim will pay calculated allowed amount minus other payer amount plus dispensing fee.
23.	Submit a claim for a recipient with other insurance, with no amount in field 433, a value = $0.00 in field 431, an Other Coverage Code of 2 in field 308	Claim will deny with either Other Coverage Code inconsistent with Other Payer Amount or M/I Other Payer Amount Paid depending on software
24.	Submit a claim for a recipient having **no** other insurance segment on file, with a value > $0.00 in field 431, an Other Coverage Code of 2 in field 308, and value of $0.00 in field 433.	Claim will pay calculated allowed amount minus other payer amount plus dispensing fee.
25.	Submit a claim for a recipient with other insurance, with a value > $0.00 in field 431, an Other Coverage Code of 2 in field 308, and value of $10.00 in field 433.	Claim will pay calculated allowed amount minus other payer amount plus dispensing fee.

	TPL	
Test case	**Description of test case**	**Expected result**
26.	Submit a claim for a recipient with other insurance, with a value = $0.00 in field 431, an Other Coverage Code of 3 in field 308, and value of $0.00 in field 433.	Claim will pay calculated allowed amount minus other payer amount ($0.00) plus dispensing fee.
27.	Submit a claim for a recipient with other insurance, with a value = $0.00 in field 431, an Other Coverage Code of 4 in field 308, and value of $0.00 in field 433.	Claim will pay calculated allowed amount minus other payer amount ($0.00) plus dispensing fee.
28.	Submit a claim for a recipient with other insurance, 433, and 431 left blank and an Other Coverage Code of 5 in field 308	Claim will reject with error message to bill other processor or primary payer
29.	Submit a claim for a recipient with other insurance, with no amount in field 433, a value = $0.00 in field 431, an Other Coverage Code of 6 in field 308	Claim will deny with error message must be participating provider w/ primary insurer
30.	Submit a claim for a recipient with other insurance, 433, and 431 left blank and an Other Coverage Code of 7 in field 308	Claim will reject with error message to bill other processor or primary payer
31.	Submit a claim for a recipient with other insurance, with no amount in field 433, a value > $0.00 in field 431, an Other Coverage Code of 8 in field 308	Claim will pay calculated allowed amount minus other payer amount plus dispensing fee.
32.	Submit a claim for a recipient with other insurance, with no amount in field 433, a value = $0.00 in field 431, an Other Coverage Code of 8 in field 308	Claim will deny with either Other Coverage Code inconsistent with Other Payer Amount or M/I Other Payer Amount Paid depending on software
	DUR	
Test case	**Description of test case**	**Expected result**
33.	Submit a POS drug claim for non-maintenance NDC 00074 6306 16. ***Initial Dispensing of Drug*** • Early Refill percentage set at **80%** • Billed 30 days supply • Drug allows 5 refills.	• POS drug claim will process to pay

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Test case	**Description of test case**	**Expected result**
34.	Submit a POS drug claim to refill non-maintenance NDC 00074 6306 16. *Second Refill* • Early Refill percentage set at **80%** • Billed 30 days supply • NDC can be refilled after 24 days **(based on 30 days supply from first refill of drug)** • Refill **20 days after** last fill	• POS drug claim will set the Early Refill Alert 543
35.	The pharmacist responds to the alert with Intervention Code "M0 = Prescriber Consulted" & Outcome Code "1C = Filled, With Different Dose."	• POS drug claim will process to pay
36.	Submit a POS drug claim for non-maintenance NDC 00002 0351 02 that has a therapeutic class of H3A. *Initial Dispensing of Drug with Therapeutic Class H3A* • Therapeutic Duplication percentage set at **80%** • Billed 30 days supply	• POS drug claim will process to pay
37.	Submit a POS drug claim for non-maintenance NDC 00002 0363 33 that has a therapeutic class of H3A *Dispensing of Drug with Therapeutic Class H3A* • Therapeutic Duplication percentage set at **80%** • Billed 30 days supply • NDC can be refilled after 24 days **(based on 30 days supply from initial dispensing of drug with same therapeutic class)** • Attempted to fill **10 days after** the dispensing of previous drug	• POS drug claim will set the Therapeutic Duplication Alert 544

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Test case	**Description of test case**	**Expected result**
38.	The pharmacist responds to the alert with valid Intervention Code "M0 = Prescriber Consulted" & Outcome Code "1D = Filled, With Different Direction".	• POS drug claim will process to pay
	Duplicate Claim	
Test case	**Description of test case**	**Expected result**
39.	a. Submit exact claim from test case # 37. b. The pharmacist responds to the alert with Intervention Code "M0 = Prescriber Consulted" & Outcome Code "1C = Filled, With Different Dose."	• POS drug claim will set the Early Refill Alert 543 • Claim will reject as a Duplicate paid claim

For the test plans listed above, each vendor will be issued 3 individual test recipients to utilize for the preceding 21 test cases. To obtain your listing of unique test recipients please contact Ingelcia Jiran on or after May 1, 2003, either by phone at (401) 784-3818 or through e-mail at ingelcia.jiran@eds.com

To help ease the process of testing, EDS has developed the test recipients with the test cases in mind. To ensure accurate results, it is suggested that you make use of these recipient in the following manner:

- Use test recipient "1" for test cases 1-8, 13-17, 24 and 33-39
- Use test recipient "2" for test cases 9-12
- Use test recipient "3" for test case 18-20
- Use test recipient "4" for test case 21-23 and 25-32

Note: Since you will be utilizing the same recipients for multiple test cases, it will be less work if the test cases that are expected to reject are transmitted prior to all others (with the exception of test case #39). This will eliminate the risk of sending a duplicate claim for processing.